



CITY OF ALBANY
DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE
ROOM 303 - CITY HALL
24 EAGLE STREET
ALBANY, NEW YORK 12207
PHONE: (518) 434-5165
FAX: (518) 434-6015

Official Use Only

Reg. No.: _____
Date: _____
Rec'd By: _____
Fee: _____
Reg. Exp.: _____

VACANT BUILDING REGISTRATION FORM

(Please complete and return ONE form per property – Must be typed or legibly printed.)

TYPE OF APPLICATION

- () Original Registration
() Update of Application Previously Submitted (must be within 30 days of change)
 Date of Application Change: ____/____/____
() Renewal Registration
 Date of Original Registration: ____/____/____

PROPERTY DESCRIPTION

Building Address (Number, Street, City, State, Zip) _____

Parcel No. _____

Tax ID _____

Date of Vacancy _____

Estimated length of time building will be vacant (months/years) _____

Age of Building _____

No. of Stories Above Ground ____ Below ____

Most Recent Use: () Commercial () Residential

No. of Dwelling/Office Units _____

Utilities: Electricity () On () Off Water () On () Off Gas () On () Off

BOND INFORMATION *(Please submit a copy of Bond with application.)*

Name of Bonding Company _____

\$ _____

Amount of Bond *(Amount of Bond should match cost of rehabilitation/renovation/demolition.)*

OWNERSHIP INFORMATION *(If more than one owner, attach additional sheets)*

Owner Name _____

Owner of Record _____

Social Security No. _____

Date of Birth ____/____/____

Driver License No. *(include copy)* _____

Is this Owner a(n): *(if any of the following apply, attach documentation, i.e., Certificate of Corporation, Articles of Organization, etc.)*

☐ Individual ☐ Corporation ☐ Limited Partnership
☐ Limited Liability Company ☐ Trust ☐ Estate

Contact Name

EIN

Mailing Address (Number, Street, City, State, Zip)

() _____
Telephone Number

() _____
Alternate Telephone Number

Email Address

Type of Ownership

☐ Titleholder ☐ Foreclosing Entity ☐ Other – Specify _____

LIEN HOLDER INFORMATION *(If more than one lien holder, attach additional sheets)*

Name of Lien Holder

Contact Name

Street Address

City

State

Zip

Type: ☐ Lien Holder ☐ Other Financial Interest – Specify _____

LOCAL AGENT OR OPERATOR

☐ Individual ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company
☐ Limited Liability Partnership ☐ Other (specify) _____

Name of Agent

Contact Name

Social Security No. _____

Date of Birth ____/____/____

Driver License No. *(include copy)* _____

Street Address

City

State

Zip

() _____
Telephone

() _____
Secondary Telephone

EMERGENCY CONTACT

Name

Address (Number, Street, City, State, Zip)

Telephone

Email Address

INSURANCE INFORMATION

Name of Insurance Company

Name of Insurance Agent

Address (Number, Street, City, State, Zip)

Telephone

Amount of Coverage:

VACANT BUILDING PLAN *(Must be accompanied by color photographs of all four exterior walls.)*

SIGNATURES

The undersigned attests to the above information as accurate. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.

Owner 1 Signature

_____/_____/_____
Date

Owner 2 Signature

_____/_____/_____
Date

Officer of Corporation, Limited Partnership,
Limited Liability Company or Limited Liability Partnership

_____/_____/_____
Date

Title & Company

_____/_____/_____
Date

Agent Signature

_____/_____/_____
Date

Title & Company

_____/_____/_____
Date

**DIRECTIONS FOR COMPLETION OF
VACANT BUILDING REGISTRATION FORM:**

1. OWNER -- Those shown to be the owner or owners on the records of the City of Albany Department of Assessment and Taxation, those identified as the owner or owners on a vacant building registration form, a mortgagee in possession, a mortgagor in possession, assignee of rents, receiver, executor, trustee, lessee, other person, firm or corporation in control of the premises. Any such person shall have a joint and several obligation for compliance with the provisions of this article.
2. AGENT -- If the owner does not reside in Albany County or any adjoining county, the name and address of any third party (living within Albany County or any adjoining county) with whom the owner has entered into a contract or agreement for property management.
3. EMERGENCY CONTACT -- A responsible party that can be reached at all time during business and non-business hours. Please include both telephone numbers.
4. LIEN HOLDERS -- The names and addresses of all known lien holders and all other parties with an ownership interest in the building.
5. PROPERTY DESCRIPTION -- Description of the property, including number of units; type of structure and number of stories.
6. VACANT BUILDING PLAN -- The owner shall submit a vacant building plan which must meet the approval of the Enforcement Officer. The plan, at a minimum, must contain information from one of the following three choices for the property:
 - (a) If the building is to be demolished, a demolition plan indicating the proposed time frame for demolition.
 - (b) If the building is to remain vacant, a plan for the securing of the building in accordance with standards provided in §§ 133-68.1 and 133-68.2, if applicable, along with the procedure that will be used to maintain the property in accordance with Article XI, and a statement of the reasons why the building will be left vacant.
 - (c) If the building is to be returned to appropriate occupancy or use, a rehabilitation plan for the property. The rehabilitation plan shall not exceed 365 days, unless the Enforcement Officer grants an extension upon receipt of a written statement from the owner detailing the reasons for the extension. Any necessary permits must be applied for within this 365 days. Any repairs, improvements or alterations to the property must comply with any applicable zoning, housing, historic preservation or building codes and must be secured in accordance with § 133-68, if applicable, during the rehabilitation.

7. **COPIES OF DRIVER LICENSES** – Must supply copies of drivers licenses of the owner and/or agent of the property, or alternatively, Certificate of Corporation or Articles of Organization of the owning Corporation, Limited Liability Company or Limited Liability Partnership.
8. **PHOTOGRAPHS** – Must provide color photographs of all visible exterior walls of the premises.
9. **BOND** – Must provide a copy of the required bond. The bond should be a performance/payment or maintenance bond, naming the City of Albany as Obligee, and should match the amount of proposed repairs/demolition, to a minimum of \$10,000.
10. **SIGNATURES** – Must be signed by the owner or the designated agent of the property.
11. **TITLE & COMPANY** – Include the title and company of officer or agent.

